

## Electronic Patent Application Fee Transmittal

| <b>Application Number:</b>                     | 10777498  |          |        |                      |
|--|---|----------|--------|----------------------|
| <b>Filing Date:</b>                            | 12-Feb-2004   |          |        |                      |
| <b>Title of Invention:</b>                     | Self-contained electronic musculoskeletal stimulation apparatus and method of use |          |        |                      |
| <b>First Named Inventor/Applicant Name:</b>    | Donald P. Ewing   |          |        |                      |
| <b>Filer:</b>                                  | John Christopher/Roberta Sherman  |          |        |                      |
| <b>Attorney Docket Number:</b>                 | 1456-2U   |          |        |                      |
| Filed as Small Entity                          |   |          |        |                      |
| <b>Utility under 35 USC 111(a) Filing Fees</b> |   |          |        |                      |
| Description                                    | Fee Code  | Quantity | Amount | Sub-Total in USD(\$) |
| <b>Basic Filing:</b>                           |   |          |        |                      |
| <b>Pages:</b>                                  |   |          |        |                      |
| <b>Claims:</b>                                 |   |          |        |                      |
| <b>Miscellaneous-Filing:</b>                   |   |          |        |                      |
| <b>Petition:</b>                               |   |          |        |                      |
| <b>Patent-Appeals-and-Interference:</b>        |   |          |        |                      |
| <b>Post-Allowance-and-Post-Issuance:</b>       |   |          |        |                      |
| <b>Extension-of-Time:</b>                      |   |          |        |                      |
| Extension - 1 month with \$0 paid              | 2251  | 1        | 65     | 65                   |

| Description                       | Fee Code | Quantity | Amount | Sub-Total in USD(\$) |
|-----------------------------------|----------|----------|--------|----------------------|
| Miscellaneous:                    |          |          |        |                      |
| Request for continued examination | 2801     | 1        | 405    | 405                  |
| Total in USD (\$)                 |          |          |        | 470                  |